

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis, Mo.** (No. **U.S. Marine Hospital, 3640 Marine Ave.,** St. **10** Ward)

File No. **22547**
 Registered No. **6381**

2. FULL NAME **John Gill**

(a) Residence, No. **3623 St. Louis Ave.** St. **10** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elsie Gill**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 18, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Engineer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **River steamers**
 10. Date deceased last worked at this occupation (month and year) **Nov. 28, 1932** 11. Total time (years) spent in this occupation **Unknown**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Mo.**

13. NAME **John Gill**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Kentucky**

15. MAIDEN NAME **Addie Hughes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Kentucky**

17. INFORMANT (ADDRESS) **Dr. Pinkerton U.S. Marine Hospital, St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **6/29/33**

19. UNDERTAKER (ADDRESS) **Hoffmeister, 2816 So. 7th St. St. Louis, Mo.**

20. FILED **IN 2913** **6/29/33** **Bredbeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26, 1934** 19

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 23, 1933**, 19....., to **June 26, 1934**, 19.....

I last saw him alive on **June 26, 1934**, 19..... Death is said

to have occurred on the date stated above, at **4:15 PM**

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder; recurrent Dec. 1932

51
51

Other contributory causes of importance:

Metastases to both lungs Nov. 1933

Name of operation **Removal of bladder** Date of **9-14-33**

What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**
and autopsy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury **No**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify.....

(Signed) **J. J. Delougherty, M. D.**

(Address) **U.S. Marine Hospital, St. Louis, Mo.**

6/29/33
certified: Dr. Barker, Med. Off. Charge

